MULTIPLE DEPENDENT CLAIM. SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I" AMENDMENT AFTER 2 [™] AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. IND: 2 AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>5</u>7 24.

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